PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

			3 / LE 1110		.0.10 BE: 0	,	-		•	
	RPORATIOI ISTATEMEN			Secretar	TMENT OF S' y of State corporations	TATE	1:	FILED 5 DEC 31 MHD:	և Լ	
DOCUMENT # COY 0 0 0 0 4 5 2 0 6							SECRETARM OF STATE TALLAHASSEE, FLORIDA			
I. Corporation Name							TA	ILLAHASSEE, PLUI	\IIJK	
Janife J. ADR, P.A.										
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Principal Office Address - No P.O. Box # 3, Mailing Office Address							ł			
901 FA	NON AND	ت ند	901	901 FAICON NOWE			CR2E081 (11/10)			
Salto, Apr.	#, etc.		Suite, Apt. #	Suite, Apt. #, etc.				Date Incorporated or Qualified		
City & Star	_		City & State	City & State			To Do Business in Florida 3(12/2004) 5. FEI Number Applied For			
MINI	11 SPG14	S, 12	MIAH	MIAHI SPENS, PL			85.0101683 Not Applicable			
		U.S.A.	330	66	U.S.A	•	6. CERTIFICAT	E OL SIVIOS DESIVED	3.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent										
WILLIAM TALLMAN								•		
Street Address (P.O. Box Number is Not Acceptable)]				
Suite, Apt. #, Etc.							600280544966 01/04/1601008004 **758.75			
MIAHI SPRINGS FL 33166										
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligation of the above named corporation, am familiar with and accept the obligation of the above named corporation.								on 607.0505 or 617.0503, F.	S.	
Signature of Registered Agent REGISTERED AGENT MUST SIGN								Date 12 25 1	2015	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
Titles	Of	Name of ficers and/or Directo	Street Address of Each Officer and/or Director				City / State / Zip			
8	Jante	J. Hoe,	Esa.	901	FMGN	An	تحاديد	MIANI SPR-	95, FZ33K4	
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	RE	INSTA	TEM	il =m		DEC	3 1 2015			
1							HUNT			
1						• • •				
1										
10. E-mail Address: BTALL95CGMAIL. Con (To be used for future annual report notification)										
11. I certify				npowered to	execute this applica	tion as pr	ovided for in chap	oter 607 or 617, F.S. I further certil ction 607.0401 or 617.0401.		
reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under eath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.										